\$908 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # F63851

1. Entity Name:

PRO-TECH TERMITE AND PEST CONTROL, INC.



FILED Feb 06, 2008 08:00 Al Secretary of State

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FT. PIERCE FL 34982	Principal Place of Business Mailing Address										
Suite, Apt. #, etc.	FT. PIERCE FL 34982		FT. PIERCE FL 34982								
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Zip	Suite, Apt. #, etc.			Suite. Apt. #, etc.			1:	st MOORE	CR2E034	(10/07)	
E. Name and Address of Current Registered Agent MOYNIHAN, PHILIP B., JR 5912 YUCCA DR FT PIERCE FL 34982 8. The above named antive submits this statement for the purpose of changing his registered agent, or both, in the State of Fibrres. It am rightwish with and access the chigalistic of legistered agent. SIGNATURE Touch, hard primes saved agent and the purpose of changing his registered agent various registered agent, or both, in the State of Fibrres. It am rightwish with, and access the chigalistic of legistered agent. SIGNATURE Touch, hard primes saved agent and the purpose of changing his registered agent various registered agent, or both, in the State of Fibrres. It am rightwish with, and access the chigalistic of legistered agent. SIGNATURE Touch, hard primes saved agent agent agent various registered agent, or both, in the State of Fibrres. It am rightwish with, and access the chigalistic of legistered agent. SIGNATURE Touch, hard primes saved agent agent various registered agent, or both, in the State of Fibrres. It am rightwish with, and access the chigalistic of legistered agent. SIGNATURE THE May 1, 2009 Fee Will Be \$550,00 or 100	City & State			City & State			4. FEI Numi	59-216281	2		-i
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The above named entity submits this statement for the purcose of changing its registered agent, or both, in the State of Florida. I am familiar with, and discount the collegations of registered agent. Signature Section						City				Zip Cod	e
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other-like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE FOR DIRECTO

2-3-08 7224662020